Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HFALTH DFPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Page b. COUNTY Somerset Maryland MARYLAND b. CITY OR TOWN (if outside corporale limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cristield Lifetime Crisfield. Marvaand d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS -McCready Memo. Hosp. (D Tyler Street 2 mith the State death. NAME OF Middla DATE DEP. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any sesse execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to the Chief Medical Examiner's Office along with form PM3. Page 3 may be retained by the pages 1 and 2 with the 5 retained by the pages 1 and 2 with the 5 retained by the pages 1 and 2 with the 5 retained by the pages 1 and 2 with the 5 retained by the pages 1 and 2 with the 5 retained by the pages 1 and 2 with the 5 retained by the pages 1 and 2 with the 5 retained by the pages 1 and 2 with the 5 retained by the pages 1 and 2 with the 5 retained by the pages 1 and 2 with the 5 retained by the pages 1 and 2 with the 5 retained by the pages 1 and 2 with the 5 retained by the pages 1 and 2 with the 5 retained by the pages 1 and 2 with the 5 retained by the pages 1 and 2 with the 5 retained by the pages 1 and 2 with the 5 retained by the pages 1 and 2 with the 5 retained by the 1 and 2 with the 5 retained by the 1 and 2 with the 5 retained by the 1 and 2 with the 5 retained by the 1 and 2 with the 2 retained by the 1 and 2 with the 2 retained by the 1 and 2 with the 2 retained by the 1 and 2 with the 2 retained by the 2 re DECEASED (Typa or print) ALVIN AMES DEATH Oct. ours after 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years I IF UNDER 1 YEAR) last birthday) Months Male Negro WIDOWED [DIVORCED 196] 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work dona during most of working life, evan if retirad) Maryland pages | within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Cole Dorthelia Ames 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive war or dates of service) Dorthelia Ames Crisfield, Md. No None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), E PART I. DEATH WAS CAUSED BY: Pneumonia IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) gava rise to immadiate cause DUE TO (a), stating the underlying cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f, (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) 0 While Not While House a m at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X death resulted from: Natural causes X Accident Suicide I Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S G. Rawley. M. D. NAME (Typa) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 0 940 6 Burial Asbury Crisfield FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME -Home, Crisfield, Md. DAMET 2 6 '61 5M 7/59

4 X V 5

MARYLAND STATE DEPARTMENT OF HEALTH

Somerset

. IS RESIDENCE ON A FARM?

YES NO TH

61

Yaar

19

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

davs

PERFORMED? NO

(State)

and in my opinion

DATE SIGNED

1961

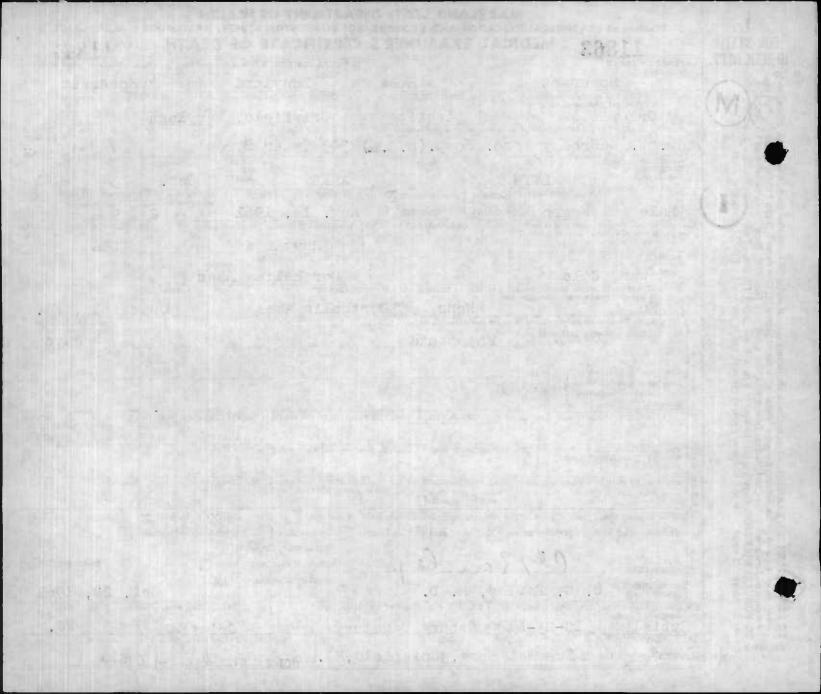
(Stale

Md.

TISA

(County)

IF UNDER 24 HRS.

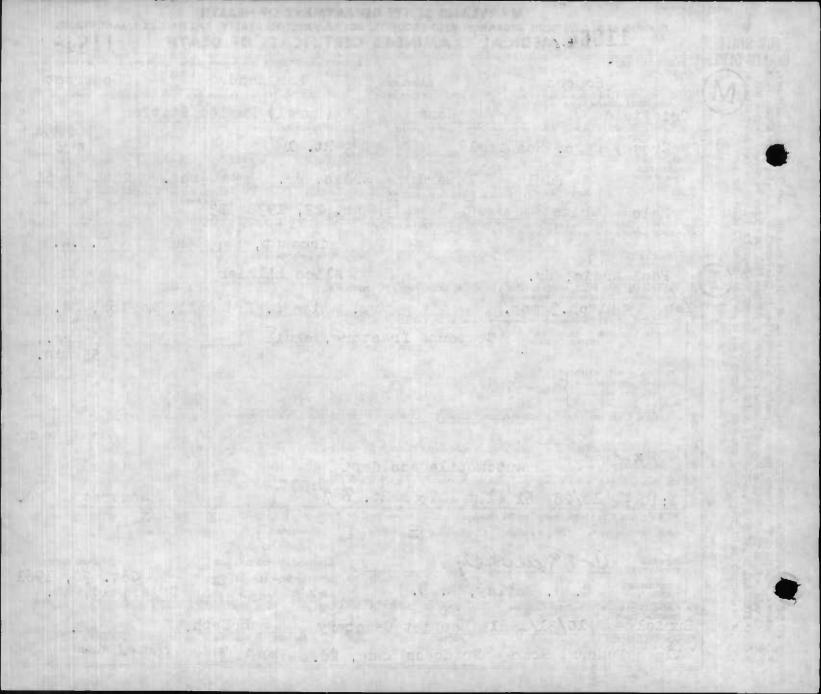


FOR STATE TO DEN. T. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a file is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the first of the A should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, pring to burial, gremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1004 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11848

	1. PLACE OF DEATH						RESIDEN	CE (Whare	deceasad livad,		Rasidence	bafora a	dmission)
1		Somerse	t	MARYL	AND	a. STATE	Mar	yland	ь. со	UNII	Some	erse	t
IJ	b. CITY OR TOWN (i	f outside corporate give nearest town	limits,	c. LENGTH OF STAY	IN 16	c. CITY O	R TOWN (If outsida co	rporata limits, w	rite RURAL an	d give ne	eerest tow	n)
	Crisfield			None		X (R	ural) Mar	ion St	ation			
- 9	d. NAME OF HOSPIT	AL OR INSTITUTIO	ON (if not In hosp	pitel, give streel addres	is).	d. STREET	ADDRESS					e. IS RE	
	McCready	Memo. I	Hospita			-	. 1					YES DO	NO [
	3. NAME OF DECEASED		first	Middle		Lest		4. DATE	Mo	nIh	Dey	Yeer	
Н	(Type or print)	Pai		Edward		Ardis,		DEAT	H Oct	. 2	8th	19	61
7	5. SEX	6. COLOR OR RA	T. MARRIED	NEVER MARRIED	X B	. DATE OF BIRT	Н		9. AGE (In yee			IF UNDER	
	Male	White	WIDOWED	DIVORCED		Mar. 2	7, 1	938	23 угз.	1410111112	Deys	Hours	Min.
	10e. USUAL OCCUPATI			ND OF BUSINESS OR I	NDUSTR	Y 11. BIRTHPL	ACE (State	or foreign c	ountry)	12. CIT	IZEN OF	WHAT C	OUNTRY?
	done during most of wo	iking ma, avail ii t	omed)			Fair	moun	t. Ma	arylan	a	U.	S.A.	
	13. FATHER'S NAME	790				14. MOTHER'S							
-	Paul A	rdis, Si	1			Al1	ce L	11116	r				
9	15. WAS DECEASED EVI	ER IN U.S. ARMED	FORCES? 16. S	OCIAL SECURITY NO	. 17. I	NFORMANT			Addr	035			
1	Yes (Yes, no, or unkown) (III	1sch.3			Mn	s. Ali	ce I	. Bn	Lebbl	Mant	on	Ma	
H	-re-			ne for (e), (b), end (c).		0	00 1	• 21	Laacit	TACCE I		RVAL BET	WEEN
		H WAS CAUSED BY		mpound f	rac	ture.	akul'	1			ONS	hrs	
	one v	IMMEDIATE CAUSE	(-)			0020	CAL CLASS	-			5	5 m1	
	Conditions, if any										1 .) 1111	11.
	geve rise to immadi	ate cause	(b)		-								
	(a), stating tha us	nderlying	10										
	ceuse lest.	SIGNIFICANT CO	(c)	TRIBUTING TO DEATH	BUT NO	T PELATED TO	HE TERMIN	VAL DISEAS	E CONDITION (EIVEN IN DADT	1/0)1 10	WASAI	ITOREV
	OF TAKE III. OTHER	SIGNIFICANI CO	HOMONS CON	TRIBOTING TO DEATH		T KLEATED TO	THE PERMIT	AUE DIDENS	L CONDITION C	SIA FIA IIA LWVI		PERFO	RMED?
	S SYTERNIAL CA	NICE WAS	L 20L DECCDI	BE HOW INJURY OCC	LIDED /F	inter nature of Im	in Day	A L on Dona II	of Hom Sp.)		YE	S 1	10
	PART II. OTHER 20s. EXTERNAL CA PRIMARY TO OF CO CAUSE OF DEATH.	NTRIBUTING [fury in rar	I I Or Part II	or nam (b.)				
				obile ac				1 000 10					
5	20c. TIME OF INJU		. While	NJURY OCCURRED 2	Oe. PLA	ory, street, office	bldg., etc.	20f. (C	ity or town)	(Cou			State)
1	1:10 KK	10/28	961 at work	at work 🕮 🏲	JAT	. 667		_i		Som	ers	et	Md.
	21. I certify th	at I took charg	e of the rema	ains described abo	ve, he	ld an Autops	У 📗	Inspection	n X, Inq	uiry 🔀	and i	n my op	oinion
A	death resulted f	rom: Natura	causes,	Accident X	Suic	ide, H	omicide	, U	ndetermined	manner]		
) :		000	0			CHIEF	MEDICAL	EXAMINER					
-	ACTUAL	0099	aule	ey.		M.D. ASSIS	ANT MED	ICAL EXAM	NER _	6.00		TE SIG	
	EXAMINER'S					DEPUT	Y MEDICAL	L EXAMINER					1961
ā	NAME (Type)			, M. D.				city, town, c		risfi		, Md	•
6	22a. BURIAL, CREMATIO REMOVAL (Spacify)		IEREOF 2	22c. NAME OF CEME	TERY OR	CREMATORY		22d. LOCA	ATION (City, to	wn, or country)	(State)
6	Burial	10/31	/1961	Baptist	Cen	netery		Reho			M	d.	
v	23. FUNERAL DIRECTO			ADDRESS					TRAR 24b. R				
1	Wilson Fu	neral H	ome :	Princess	Ann	e, Md.	DATE	1 VOI	'61	arthur 2	I. Tha	MELL	
1												-	



TO DEPUT MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute the Wiscate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral factor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or remaval.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
11865 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg. Dist. No.

1840

	PLACE OF DEATH a. COUNTY	Somerset		MA	RYLAND	2. USUAL RESI		there deced		If Institu		ence bef		ssion)
	b. CITY OR TOWN (If a	outside carporate limits, w	rile RURAL	c. LENGTH OF STA	Y IN 16	c. CITY OR 1	OWN (IF	outside cor	porate lin	nits, write	RURAL on	d give no	earest tov	vn)
	(Rura	l) Mario	n	Lifeti	me	(Ru	cal)	Mar	ion					
	d. NAME OF HOSPITA	L OR INSTITUTION	(If not in ho	spital, give street add	ress)	d. STREET AL	DDRESS						ON.	SIDENCE A FARM? NO 2
	NAME OF DECEASED		first	Middle		Lost		4. DATE OF DEATH		Manth	1	Day		ar
_	(Type ar print)	Will	1 000 -F - A 000	Henry		Byrd,	Jr.	DEATH		Oct		13	-	961
5. 3	SEX		E 7. MARRI	ED NEVER MARR	IED 📉 8.	DATE OF BIRTH			9. AGE	(In years helay)	Months	Days	Hours	R 24 HRS. Min.
	Male	Negro	WIDOWE			Apr. L.	,	906	55	yrs.	Monnis	Duys	Hours	min.
	s. USUAL OCCUPATIO during most of working Seafood	N (Give kind of wor life, even if retired WORKER	k done 10b.	Seafood	R INDUSTI			or foreign of		nd.	12. CIT		S.A.	COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S M	MIDEN N	IAME						
	William	n Henry	Byrd,	Sr.		Add	Le M	iles						
15.	WAS DECEASED EVE	R IN U. S. ARMED F	ORCES2 14	SOCIAL SECURITY N	O. 17. IN	FORMANT				Address				
1100	No	in yes, give wor or doles	21	4-16-430	1 Mr	s. Henr	riet	ta A	nder	son,	Me	rio	n,	Md.
	18. CAUSE OF DEAT			for (o), (b), and (c).]			111					INTER	VAL BETWE	EN TH
	PART I. DEATH	H WAS CAUSED BY: MMEDIATE CAUSE (o)	Coronary	occ	lusion						4		
	420.1	DUE TO	0											
	Canditians, if an		b)									13		
	gave rise to immedi (a), stating the u		0		- 4-3		U.S.		-		4.10			
	cause last.		(c)									0	10	100
ATION	PART II. OTHI	ER SIGNIFICANT CO	NDITIONS CO	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO T	HE TERMI	NAL DISEAS	E CONDI	TION GIV	EN IN PAR		PERFO	NO T
CERTIFIC	20a. EXTERNAL CAUS PRIMARY ar CON CAUSE OF DEATH.	SE WAS TRIBUTING [20b. DESCRIB	E HOW INJURY OCC	URRED. (Er	nter nature of inju	ry in Port	I ar Part II	of item 1	8.)				
MEDICAL CERTIFICATION	20c. TIME OF INJURY Haur a. m. p. m.	Month, Day, Y	While			E OF INJURY (He			y or town)		(Co	unty)		(State)
	21. I certify the	at I took charg	e of the	remains describ	ed abov	e, held an	Autopsy	/ 🗆 .	nspecti	on Ed.	Inqui	ry 🔽	and f	ind that
	death resulted	from: Natura	causes [, Accident], Suic	ide 🔲, Ho	micide		ndetern	-].		
	ACTUAL SIGNATURE	Cer	Rais	vley.		_M.D. CHIEF ME	DICAL EX	AMINER [DATE S	GNED
	EXAMINER'S NAME (Type)		wley,	M. D.				XAMINER		Iris	fiel	ct.	13 Md.	, 1961
220	BURIAL CREMATION	, 226. DATE THERE	OF	22c. NAME OF CEM	ETERY OR	CREMATORY		22d. LOCA					(Stote)
	Burial (Specify)	10/16/	61	Wesley	Ceme	tery		I	Mari	on			Md.	
	FUNERAL DIRECTOR'S			ADDRESS		2	4a. REC'E	BY REGIST	TRAR 2		TRAR'S SI			
(Chas. H.	Ward Fur	neral	Home, Ma	arior	, Md.	DARECT	1 9 '61		anth	un S. 7	Traus		

VS. A15ME(5) 5M 9/55

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 by the funeral director, and 2 should be filed with No R ATTENDING PHYSICIAN: The law required by the attending physician and campletely filled by the hospital or attending physician and campletely filled to DRECTOR: After this certificate has been signed by the attending physician and campletely filled to DRECTOR: After this certificate has been signed by the attending physician and campletely filled to DRECTOR: After this certificate has been signed by the attending physician and campletely filled to DRECTOR: After this certificate has been signed by the attending physician and campletely filled to DRECTOR: After this certificate has been signed by the attending physician and campletely filled to DRECTOR: After this certificate has been signed by the attending physician and campletely filled to DRECTOR: After this certificate has been signed by the attending physician and campletely filled to DRECTOR: After this certificate has been signed by the attending physician and campletely filled to DRECTOR: After this certificate has been signed by the attending physician and campletely filled to DRECTOR: After this certificate has been signed by the attending physician attending to DRECTOR: After this certificate has been signed by the attending physician attending to DRECTOR: After this certificate has been signed by the attending physician attending to DRECTOR: After the attending physician attending t page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO FUNERA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11866

CERTIFICATE OF DEATH

Reg. Dist. No.

11850

1. PLACE OF DEATH O. COUNTY Some	erset		N	MARYLAND	2. USUAL R o. STATE	Maryl		l lived. If instituti b. COUNTY	an: Reside	nce befo	e t	ion)
b. CITY OR TOWN (IF	outside corporate lim	ts, write	c. LENGTH OF S		N a	Cess		rate limits, write R	URAL and	give ne	arest town	1)
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, (give street			d. STREE	T ADDRESS						IDENCE FARM?
3. NAME OF DECEASED (Type or print)	larence	(Bud		iddle Fa	rrow	Lost	4, DATE OF DEATH	Oct. 2		61		Year 19
5. SEX Male	6. COLOR OR RACE White	7. MARE		ARRIED A	B. DATE OF BI			9. AGE (In years log by thday) yrs.	Months Months	R I YEAR Days	Haurs	ER 24 HRS. Min.
10a. USUAL OCCUPATION during most of working	ng life, even if retired		KIND OF BUSINE		1	ekbiro			1000	S.A		COUNTR
13. FATHER'S NAME	× OW					R'S MAIDEN N		-1-				
15. WAS DECEASED EVER		CE 52 14	COCIAL SECURITY	V NO 117	INFORMANT	izabet	th be	CK Add				
	yes, give war or dates of s		SOCIAL SECORIT			ara F	arrow	Prince		nne	, Md	•
Canditians, if any gave rise to im cause (a), stating the lying cause lost.	H WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO y, which mediate	2	Brooms	hial toto	my	TO THE TERMI			/EN IN PA	D	-10	Death
ICATIO									u i		PERFO	NO 🔀
OR CONTRIBUTING [CAUSE OF DEATH AEDICAL EXAMINER)	206. DES	ULNI WOH BBIRD	RY OCCURRE	D. (Enter natur	e of injury in f	Part I or Part	11 of item 1B.)				
20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Ye	While	NJURY OCCURRED Not while	fo	ACE OF INJUR	Y (Hame, farm fice bldg., etc.	, 20f. (City	or town)		(Caunty)		(State)
21. I certify the alive on OC CATUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION	edon G.	, 19 £	and and	nam	M.D.); m	ADDRESS (SI	reet, city or lown, S. 月かっ	and an stote)	last so	te state	ate signe
Burial (Specify)	Qot. 29	,196	St.Ar		s Geme	tery	Prin	COSS An	ne, l		(Stat	e)
23. FUNERAL DIRECTOR'S	Wilson) K	ADDRESS	n)an	ne mi	1	D BY REGIST		STRAR'S S			

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15M 9/59

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VS. A15ME 5M 7/59

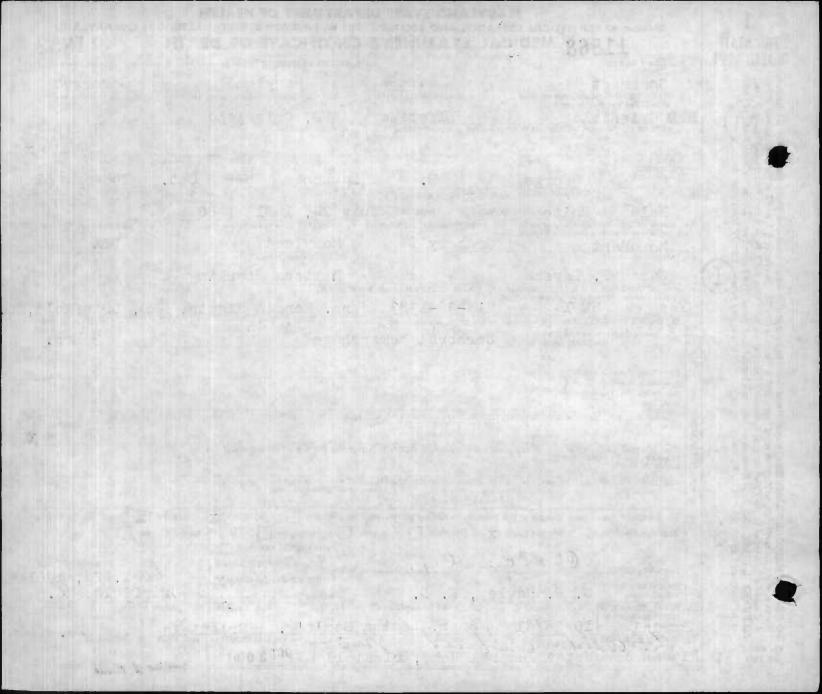
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11868 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11852

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDEN	ICE (Whare dacea	sad livad, ff Ins	tilutlon: Resider	nca bafora admission)
Somerse	t.	MARYLAND	a. STATE Mar	vland	b. COUNTY	A	erset
b. CITY OR TOWN (if	outsida corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		e limits, writa R		
RFD Crisfi	and the	Lifetime	Y BED Ch	isfield			
	L OR INSTITUTION (if not in		STREET ADDRESS			- 11 1- 1	. IS RESIDENCE
							ON A FARM?
3. NAME OF DECEASED	First	Middla	Lasi	4. DATE	Month	Day	Year
(Type or print)	George	В.	Lawson	OF DEATH	Oct.	24	19 61
5. SEX	S. COLOR OR RACE 7. MAR	RIED NEVER MARRIED B	. DATE OF BIRTH		GE (In years IF	UNDER 1 YEAR	IF UNDER 24 HRS.
Male		WED DIVORCED J	ulv 24. 18	0 8 0	of birthday) N	Nonths Days	Hours Min.
10a. USUAL OCCUPATIO done during most of worki	N (Give kind of work 10b	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign country	1)	12. CITIZEN C	OF WHAT COUNTRY?
Merchan		Grocery	Marylan	d		USA	1
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		1 0.00	
James P	. Lawson		Melissa	Sterli	ng		
15. WAS DECEASED EVER		6. SOCIAL SECURITY NO. 17. I			Address		
7.7	WW I	215-36-1583	Mrs. Herm	an Rigg	in. RF	D. Cri	sfield, Md
	ATH Enter only one cause pr	or line for (a), (b), and (c).]			, , , , , ,	IN1	TERVAL BETWEEN
	WAS CAUSED BY: MEDIATE CAUSE (a)	Cerebral hemor	rrhage			ON	SET AND DEATH
3 1x	DUE TO						
Conditions, if any,							
gave rise to immediate	cause						
(a), stating the und	arlying (c)						
Z PART II. OTHER S		ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CON	IDITION GIVEN	IN PART 1(e)	
ATI							PERFORMED? YES NO M
PART II. OTHER S OF THE PRIMARY OF CONT OF CAUSE OF DEATH.		CRIBE HOW INJURY OCCURED. (E	ntar nature of injury in Par	rt I or Part II of itan	1B.)	1	No LI No MI
	RIBUTING						
20c. TIME OF INJURY	Wi		CE OF INJURY (Home, farm ory, street, office bldg., etc		lown)	(County)	(State)
P.1	17	emains described above, he	ld an Autoney	Inspection X	Inquiry		in my opinion
death resulted from					ermined man	I MAR	in my opinion
deall resulted it			CHIEF MEDICAL		ammed man	liet [
ACTUAL	Conza			DICAL EXAMINER	_		ATE SIGNED
SIGNATURE		~ 67.	M.D.				26. 1961
EXAMINER'S NAME (Type)	C. G. Rawle	ey, M. D.		L EXAMINER Coun	cri	sfield	, , , , ,
22a. BURIAL, CREMATION, REMOVAL (Specify)		22c. NAME OF CEMETERY OR		22d, LOCATION			(Stata)
Burial	10/26/61	Amer. Legion	n Cem't'v.	Crie	field		Ma
23. FUNE AL STRECTORY	elson pro	ADDRESS	24a. REC	C'D BY REGISTRAR	24b. REGIST	RAR'S SIGNATI	URE
Hinman & We	ebster Funer	al Home, Crist	rield DATE	T 3 0 '61			
					- tribu	1 & Hay	



FOR STATE HEALTH DEPT.

O DEPULY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If are lesy is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the correct director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

O PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hars after death. TO DEPU 40

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1. PLACE OF DEATH	Somerset				usual		CE (Where dece	b. COUN	JTV	sidence befor	e edmission)
	f outside corporete limits give neerest town)	5,	c. LENGTH OF STAY IN		c. CITY		If outside corpore	te limits, write			own)
d. NAME OF HOSPIT	RFD	not in hospi			d. STREE	RFD				0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	LOUISE	C.	MORRISON	T	Lest EE		4. DATE OF DEATH	Month			9 61
5. SEX Female	6. COLOR OR RACE		NEVER MARRIED] B. DA	TE OF BIE	1905	le		IF UNDER 1 Y		ER 24 HRS.
10a. USUAL OCCUPAT done during most of wo Housewife 13. FATHER'S NAME	ON (Give kind of work rking life, even if retired	1Db. KIN	id of Business or Ind	B 14.	alti:	more,	or foreign country Maryland	у)		EN OF WHAT	COUNTRY?
Harry Morr 15. WAS DECEASED EV (Yes, no, or unkown) (II) NO	R IN U.S. ARMED FOR	rvice)		17. INFO	RMANT		RFD, Man	Address		ad	ETWEEN
Conditions, if eny gevertse to immediately, stelling the uceuse lest.	ete ceuse nderlying DUE TO (c)_		Clagration		ATED TO	THE TERMIN	NAL DISEASE CO	NDITION GIV	/FN IN PART 1	ONSET ANI	
2Do. EXTERNAL CA PRIMARY N or CO CAUSE OF DEATH.	SUSE WAS 20	Body	e How INJURY OCCUR Was found	ED. (Enter	ash	injury In Periods S Of (Home, farm	home.	m 18.)	(Count	YES	NO (Stefe)
death resulted f	rom: Natural ca	While of work the remauses ,	or while H ins described above Accident X.	IOME a, held a Suicide	n Autop CHIE A.D. ASSI	DSY , HOMICIDE F MEDICAL L STANT MEDICAL ITY MEDICAL	Maric Inspection W Under EXAMINER I ICAL EXAMINER	Inquir	anner [pare so	igned .
NAME (Type) 22e. BURIAL, CREMATIC REMOVAL (Specify, Burial 23. FUNERAL DIRECTO Bradshaw &	Oct. 4, 1	961 S	2c. NAME OF CEMETER St. Paul's ADDRESS		MATORY		22d. LOCATION Marion 'D BY REGISTRAR	Mary:	, or country)	NATURE (S	tete)

THE STORE STORES Intend 31 to 2021 edulation of the i easolf und THE PERSON OF TH CONTRACTOR OF THE PARTY OF THE Dept. of the Control of the Control

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 11854

	1010				Reg. Dist. No.
PLACE OF DEATH					ilution: Residence befare admission)
	Somerset	MARYLAND	-	sylvania b. COUN	
Princ	(If outside corporate limits, write RURAL with Sess Anne	c. LENGTH OF STAY IN 16		f outside corparote limits, write phia 41, Per	nsylvania
d. NAME OF HOSPI	ITAL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS 5022 Syde:	nham St/	75x-3 e. IS RESIDENCE ON A FARM? YES NO P
B. NAME OF DECEASED (Type or print)	First Bernard	Middle J	Maguire	4. DATE Mor	nth Day Year
S. SEX	6. COLOR OR RACE 7. MARRII		. DATE OF BIRTH	9. AGE jin years	IF UNDER TYEAR IF UNDER 24 HRS
male	white widowe		April 29,1	lost birthday)	Manths Doys Hours Min.
00. USUAL OCCUPAT during most of work	ION (Give kind of wark dane 10b. In the ling life, even if retired)	Grayhound Li		or foreign country) nsylvania	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
Bern	ard Maguire		Annie K	ane	
15. WAS DECEASED E	VER IN U. S. ARMED FORCES? 16.		ormant s.Catherin	e Maguire;	5022 Sydenham St Phila.41, Pa
Canditions, if gave rise to imm (o), stoling the couse lost.	Ony, which ediate cause underlying DUE TO (c).	oute Coronary O		IINALDISEASE CONDITION G	Sudden IVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OT	AUSE WAS 20b. DESCRIB	E HOW INJURY OCCURRED. (E	inter nature of injury in Po	rt I ar Part II af item 18.)	PERFORMED? YES NO NO
CAUSE OF DEATH 20c. TIME OF INJU Hour o. m p. m	URY Manth, Doy, Year 20d. White	f. A.	CE OF INJURY (Home, far ary, street, affice bldg., etc	m, 20f. (City or town)	(Caunty) (State)
apinion death	that I took charge of the consulted from: Natural of the consulted from the consulted fro	causes 7, Accident [M.D. CHIEF MEDICAL E	Hamicide , Under	Inquiry 4, and in my dermined manner DATE SIGNED 10/11/61 as Anne, Maryland
22a BURIAL CREMATI REMOVAL (Specif burial	10/14/61	22c. NAME OF CEMETERY OR Holy Sepul		22d. LOCATION (City, town	or county) (State)
3. FUNERAL DIRECTO	IR'S SIGNATURE	ADDRESS	24a. REC	D BY REGISTRAR 246. REC	GISTRAR'S SIGNATURE
Druer 7	Vinner	Princess .	Anne, MAGET	16'61 cm	ing S. Thomas

TO DEPLY NEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay, execut, certificate, writing the ward "pending" in pendi in them, 18. Give Poges 1, 2, and 3 to the fat should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be reported FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS. ATSME 5M 2/57

obstrat The standy sund That and entoncolence 41, Femeralvenic enna asseniral BORN Sydenium St. andolou exicted .. Branzos Se no poet es biega d'aume me xx , es hiv colam All and the transferred of the Lorentz of the Comment of the Comme are device the sealers Public St. burdel lowlayer serulchies nentrousing Co., 21. Princess Aune, Made

after death. Page 4

11871

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11855

1.	a. COUNTY			MARYLA		O. STATE	here decease	ed lived. If instituti b. COUNTY	on: Residence	befare adn	nissian)
-	b. CITY OR TOWN (IF	MERSET	to maite to 1			MAR	YLANI)	SOM	CRSET	<u> </u>
	RURAL ond give ne		is, write c. I	LENGTH OF STAY IN	16	CRIS	outside corp		URAL ond gi	ve nearest to	own)
E	d. NAME OF HOSPITA OR INSTITUTION BW • W • 1.	AL (If not in hospital, g ICCREADY				d. STREET ADDRESS RFD	#1			10	RESIDENCE I A FARM?
3.	NAME OF DECEASED (Type ar print)	Fir	JULIUS	Middle		Mosher	4. DATE OF DEATH	OCTOBE.		3 Doy	Yeor 19 61
	MALE	6. COLOR OR RACE WHITE			_	APRIL 4	1874	9. AGE (In years lost birthdoy) 87 yrs.		YEAR IF UN Days Hou	rs Min.
100	USUAL OCCUPATION	N (Give kind of wark of Alfan even it ratined		EAFOOD	NDUSTRY	MARYL		country)		U.S.	COUNTRY?
13.	FATHER'S NAME JOSI	TAH MOSH	ER		1	4. MOTHER'S MAIDEN ELLEN	NAME	4114			
15. (Ye	WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give war ar dates of s	CES? 16. SOCI 213-0		17. INFO	RLES MOSI	HER,	CRISFI.		MAR	YLAND
September 1997		mediote (Th	combrais				Und	BETWEEN NO DEATH
CERTIFICATION						T RELATED TO THE TERM			EN IN PART	PER	S AUTOPSY FORMED?
	(IF EITHER, NOTIFY)		20b. DESCRIBE	HOW INJURY OCCI	URRED. (I	Enter nature of injury in	Part I or Po	rt II of item 1B.)			
MEDICAL	20c. TIME OF INJURY Haur a.m. p.m.	Month, Doy, Yea	While	Y OCCURRED 20 Not while at work	e. PLACE foctory	OF INJURY (Home, for r, street, office bldg., et	m, 20f. (Cit	y ar tawn)	(Co	ounty)	(Stote)
		(I) (this haspital ed alive an 10	-3-61		at dea	ATTENDING	AED.	STAFF	1, 19 d an the	_, that (1)	ed abave. 22b. DATE
	22c. PHYSICIAN'S NAME (Type)	N. BAR	R, M.		M.D	22d. ADDRESS	ISFIE	ELD, MA	R Y L A	ND I	<i>J/</i> 4 / 0
230	BURIAL, CREMATION		1961 236	ASBURY N	RY OR C		23d. LOCA	CRISTIE	or county)	(S	itate)
24.	FUNERAL PRECTOR'S	EBIEN	Cr	ADDRESS	1		D BY REGIS	TRAR 25b. REGI	STRAR'S SIGI		

TO HOSPIT VR A1S (4) 15M 9/59

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VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11979

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived, If Institution: Rat	sidence before edmission)
e. STATE b. COUNTY	
c. CITY OR TOWN (If outside corporate limits, write RURAL end	MERSET
300	
d STREET ADDRESS	e. IS RESIDENCE
	ON A FARM?
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	20 19 67 EAR IF UNDER 24 HRS.
last birthday) Monthel De	Bys Hours Min.
1.7.1892 69 yrs.	
STRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
CRISTIELD MD.	USA
14. MOTHER'S MAIDEN NAME	UDA
BETTY LAWSON	
. INFORMANT Address	
T D T	
EDNA BUSE LAWSONIA CRISF	I.E.L.D. BANDIN
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o-Activos15	years.
NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	
	PERFORMED?
RED. (Enter neture of injury in Pert I or Part II of item 18.)	1172
LD. (Enter neither of infers in refit to treat it of frem 15.)	
HACE OF INITIRY (Mome farm 1 20) (City or lown) (Count	(State)
PLACE OF INJURY (Home, farm, 20f. (City or town) (Count fectory, street, office bldg., etc.)	(Stete)
	ly) (Stete)
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ectory, street, office bldg., etc.)	,6h1t (i) (we) last
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m	e date stated above.
m	e date stated above.
m	,Ghat (i) (we) last e date stated above. 22b. DATE SIGNED 0-20-61
m	,Ghat (i) (we) last e date stated above. 22b. DATE SIGNED 0-20-61
m	Ghat (I) (we) last e date stated above. 22b. DATE SIGNED 2-20-61
m	Ghat (I) (we) last e date stated above. 22b. DATE SIGNED 2-20-61
	CEISFIELD MD. d. STREET ADDRESS ASBURY AVENUE Last NELSON B. DATE OF BIRTH 1.7.1892 STRY 11. BIRTHPLACE (County & Stete, or foreign country) CRISFIELD, MD. 14. MOTHER'S MAIDEN NAME BETTY LAWSON INFORMANT LAWSONIA CRISF LAWSONIA CRISF

GERTER

JOHN A. MEDSON

S.W. McCasaby Ammontan Hosp. Assury Avsuur

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ITENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after		IOR: After this certificate has been signed by the attending physician and completed filled in by the funeral	be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	die.
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MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) SOMER SET b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) DAYS MARION STATION. d. NAME OF HOSPITAT OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS E.W. McCREADY MEMORIAL HOSP. P. O. Box 232 NAME OF 4. DATE Month DECEASED (Type or print) DEATH HARRY 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR last birthday) WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Sawyer Lumber MARION STATION MD 13. FATHER'S NAME Mary Strauss 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) 212-16-1612 NELLIE PAYNE MARION STATION NO. None UNKNOWN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) gave rise to immediate cause (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CERTIFIE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury In Pert t or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) 20c. TIME OF INJURY Month, Dev. Yeer factory, street, office bldg., etc.) While Not While Hour e.m. et work | et work | p.m 21. I certify that (I) (this hospital) attended the deceased from........... TO FUNERAL DIRECT
director, page 3 should be filed with the State Dr saw the deceased alive on... 22a. SISMATURE ATTENDING DIRECTOR Herr PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) MARION STATION, MARYLAND 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 23, 1961 St. Paul's Cemetery Marion Station, Md. Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Bradshaw & Sons, Crisfield, Md. DATEOCT 2 5 '61 arthur S. Krous

. IS RESIDENCE

YES NO X

Yeer

IF UNDER 24 HRS.

PERFORMED? NO

(State)

22b. DATE

SIGNED

12. CITIZEN OF WHAT COUNTRY?

Months

USA

(County)

ON A FARM?

15M 7/61

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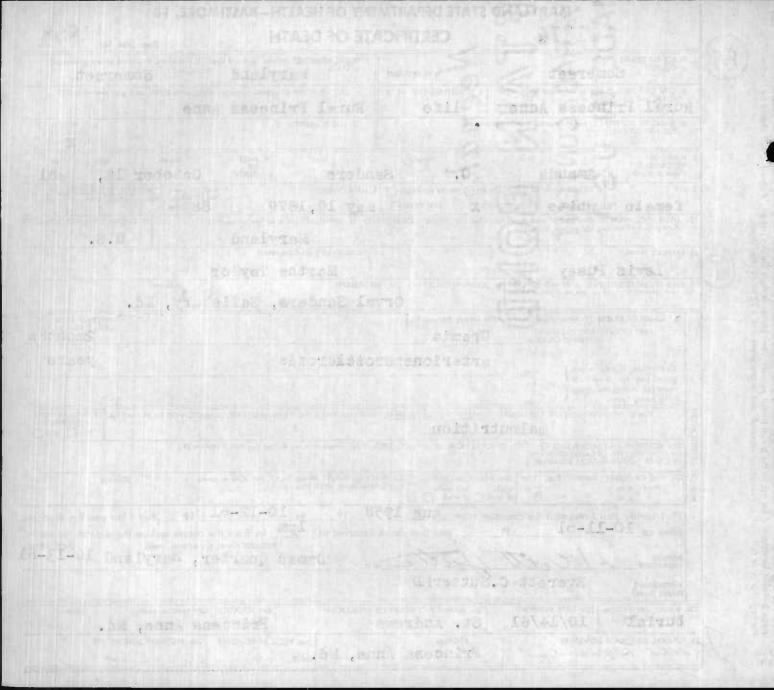
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11874 CERTIFICATE OF DEATH Reg. Dist. No be filed with . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Maryland b. COUNTY Somerset MARYLAND Somerset funeral c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Princess Anne life shauld Rural Princess Anne d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? N YES NO NAME OF Middle 4. DATE Month Day Yeor DECEASED October 1061 (Type or print) Amanda Sanders DEATH 12 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS female white WIDOWED T DIVORCED [May 19,1879 82 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup Maryland U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lewis Pusey Martha Taylor 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 72 Orval Sanders, Salisbury, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN 2months PART I. DEATH WAS CAUSED BY: Uremia IMMEDIATE CAUSE (o) DUE TO arteriomephrosiserosis vears Conditions, if ony, which gave rise to immediate DUE TO cause (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? malnutrition YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Not while of work of work 21. I certify that I attended the deceased from Aug ...that I last saw the deceased and that death occurred at___ M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stole) Dames Quarter, Maryland ACTUAL be 3 should the registrar PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION. 22d. LOCATION (City, town, or county) (Slote) page 10/14/61 St. Andrews Princess Anne. Md. 28: FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Princess Anne, Md page I

arthur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

after death. Page 0 VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11875

1859

1. PLACE OF DEATH o. COUNTY	merset	MARYLAN		STATE Mary	A SHIPMY	d lived. If instituti b. COUNTY			nission)		
RURAL ond give ne	autside carporate limits, write arest town)	c. LENGTH OF STAY IN	1b 28	Cris	If autside carpo field	rate limits, write R	RURAL and g	give nearest to	wn)		
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION North First St.				d/street ADDRESS North First St.					e. IS RESIDENCE ON A FARM? YES NO X		
3. NAME OF DECEASED (Type or print)	GRACE	Middle TAWES	STE	Lost WART	4. DATE OF DEATH	Octo		Day 27	Yeor 19 61		
5. SEX Female		RRIED NEVER MARRIED [TE OF BIRTH		9. AGE (In years last birthday) 80 yrs.	Manths	Days Hau	_		
10a. USUAL OCCUPATIO during most of work H ousewi		At Home	NDUSTRY		ld, Mar	yland		S.A.	T COUNTRY?		
15. WAS DECEASED EVER	Edward Wharte		7. INFORA	AANT	Mary T	awes Add	ress				
	If yes, give war or dates of service)			Ira Low	-N. Fir	st St	Crisfi	ield, l	Md.		
The second secon	DUE TO ny, which had been been been been been been been bee	erebral emb	arte	rioscle	rosis				yrs.		
ICATIC	IER SIGNIFICANT CONDITION						VEN IN PART	PER	S AUTOPSY PFORMED?		
	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Year 20d. Whi		B. PLACE C	DF INJURY (Home, fo street, office bldg.,	orm, 20f. (City		(0	County)	(Stote)		
	t (1) (this haspital) attered alive an <u>6ct.</u>							date stat			
22c. PHYSICIAN'S NAME (Type)	PRan	Rey.	M.D.	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.		ct. 3	o, signed		
23a. BURIAL, CREMATIO REMOVAL (Specify)	C. G. Rawley, N, 23b. DATE THEREOF Oct. 31,1961	23c. NAME OF CEMETER Sunnyridge		MATORY	23d. LOCAT	Crisfield TION (City, town, sfield,	ar caunty)		itate)		
24. FUNERAL DIRECTOR'S	s signature Ishaw & Sons	ADDRESS Crisfield, Md.			NOV 3		othur &				

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be withen by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 11876 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND Somerset Md. Somerset b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Vernon Mt. Vernon d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO-First Middle 4. DATE Day OF DEATH Vida Scott Williams Oct. 61 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 83 irthdoy) Months white Oct. 6,1877 DIVORCED T WIDOWED A 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) housewife ween if retired)

Naryland 12. CITIZEN OF WHAT COUNTRY? U.S. 14. MOTHER'S MAIDEN NAME John S. Scott Lucy Dayton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Brice Williams, Mt. Vernon, Md. INTERVAL BETWEEN cerebral hemorrhage days DUE TO cerebral arteriosclerosis vears DUE TO PERFORMED?

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

20c. TIME OF INJURY Month.

20d. INJURY OCCURRED

at work

20e. PLACE OF INJURY (Hame, farm, 20f. (City or town)

(State)

Day, Year Hour o. n. While at work D. M.

Not while June

factory, street, office bldg., etc.)

(County)

that I last saw the deceased

Oct olive on and that death occurred at_____M, from the causes and on the date stated above. ACTUAL

21. I certify that I attended the deceased from.

M.D. Dames Quarter, Maryland

10-4-61

PHYSICIAN'S NAME (Type)

C.SutterMD Everett

220. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY Asbury Cemetery

22d. LOCATION (City, town, or county)

ADDRESS (Street, city or town, state)

(Stote) Mt. Vernon, Maryland

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

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Princess Anne, Md PATE

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